

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO
09/674717

FILING DATE
09/20/2007
(703) 303-8421

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			★		★		★	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2		/		/			52						
3		/		/			53						
4		/		/			54						
5		/		/			55						
6		/		/			56						
7		/		/			57						
8		/		/			58						
9		/		/			59						
10		/		/			60						
11		/		/			61						
12		/		/			62						
13		/		/			63						
14	/		/				64						
15	/	/	/	/			65						
16	/	/	/	/			66						
17	/	/	/	/			67						
18	/	/	/	/			68						
19	/	/	/	/			69						
20		/		/			70						
21		/		/			71						
22		/		/			72						
23	/	/	/	/			73						
24		/		/			74						
25		/		/			75						
26	/	/	/	/			76						
27	/	/	/	/			77						
28	/	/	/	/			78						
29	/	/	/	/			79						
30		/		/			80						
31	/	/	/	/			81						
32	/	/	/	/			82						
33	/	/	/	/			83						
34		/		/			84						
35		/		/			85						
36		/		/			86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	13		11				TOTAL IND.						
TOTAL DEP.	25		22				TOTAL DEP.						
TOTAL CLAIMS	38		33				TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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